Entry Blank-Please Type or Print Ms./Artist Mr./Artist NEUBECKER, JOAN TRACY 2021 RANDOM RD. CLEVE. OHIO Daytime Tel. (214) 421-7340 ext. 580 44106 Temporary or 2075 Studio Address . 4410G Daytime Tel. (area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if anv) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense:

Special Instructions

City

Street

State

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

T. newbecker

Zip

I have received the unsold/unaccepted object(s) in good condition.

Signature _____

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

A □ Pain □ Scu		☐ Graphics ☐ Crafts		Photography (specify category)	
Materials used (med		PHO	10		
	ITLED"	de	etergen	t both	
Price or NFS	Insurance Value if NFS Only		Size 12 1/4 x 9 1/2 height x width x depth		
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ACCEPTED	DO NOT WRITE IN THIS SECTION		ACCEPTED	REC'D	
NOT ACCEPTED			NOT ACCEPT	ED DATE	

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